Summary of Changes to *Opening Doors*, as amended June 2015

Opening Doors: Federal Strategic Plan to Prevent and End Homelessness was presented to the Office of the President and Congress on June 22, 2010 as the nation's first-ever Federal strategic plan to prevent and end homelessness. The Plan provides a roadmap for coordinated, joint action among the 19 USICH member agencies along with local and state partners. *Opening Doors* was amended in 2015 to reaffirm the strategies that continue to prove effective in preventing and ending homelessness, and adding additional strategies that have proven to be critical to success. The 2015 Amendment encompasses much of the original Plan, but with some additions and clarifications that further strengthen its value as a living blueprint for action.

This document summarizes the changes in *Opening Doors,* as amended in 2015.

The most significant changes include:

▶ The inclusion of an **operational definition for an end to homelessness**;

▶ **Updating the timing of the goal of ending chronic homelessness from 2015 to 2017**, which reflects the need for additional resources to achieve this goal nationally;

▶ **Clarifying the role of Medicaid in financing services in permanent supportive housing**, including the impact of the Supreme Court ruling on Medicaid expansion as a State decision;

▶ Providing clearer guidance and adding **new strategies to support the retooling of homelessness programs into effective crisis response systems**; and

▶ **Adding emphasis on the uses of data in decision-making and performance management** to prevent and end homelessness.

In addition to these changes, the Plan is thoroughly updated to include current data and to reflect the present context. The newly amended *Opening Doors* also carries forward the changes made in the 2012 Amendment.

The following section provides a more detailed summary of the major changes to the Plan.

Section	Changes
Vision, Goals, and Themes	▶ The timing of the goal of ending chronic homelessness has been changed from 2015 to 2017, reflecting the Council's revised target of when the goal can be achieved, through Federal strategic actions, community partnerships, and the resources requested from Congress. ▶ An operational definition for an end to homelessness has been added, which states that an end to homelessness means that every community will have a system in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience. The Amendment outlines the community-level capacity requirements in order to achieve this outcome.
Development of the Plan	▶ This section has been edited to include the process for developing both the 2012 and 2015 amendments to the Plan.
Homelessness in America	▶ This section, which characterizes the state of homelessness in America with key data points, has been revised to reflect the current context and updated data.
Objective 1	▶ No significant changes.

Objective 2

▶ The Logic section has been revised to provide more detail on the uses of data to conduct systems planning, measure program performance, make resource allocation decisions, and inform targeting of programs and services. In addition, this section now discusses the progress made by Federal agencies towards establishing a common data standard on homelessness.

▶ Three strategies have been added:
- *Support communities' ability to conduct annual PIT counts that accurately count people experiencing both sheltered and unsheltered homelessness, including youth. HUD will provide guidance and tools on PIT count methodology.*
- *Increase community capacity to analyze HMIS and match HMIS data with other administrative data to determine the use of other public services like health care and corrections.*
- *Promote data-driven client engagement and housing placement efforts in which communities set specific short-term goals to connect people experiencing homelessness to housing and services appropriate to their needs and where data on engagements and housing placements is used to track performance against those goals.*

Objective 3

▶ One strategy has been added:
- *Encourage collaboration between public housing agencies, multifamily housing owners, and homeless services to increase mainstream housing opportunities for people experiencing homelessness. Promote guidance on how public housing agencies and multifamily housing owners can adopt admissions preferences and coordinate with homeless services organizations to make referrals, assist with applications and lease-up, and provide supportive services.*

Objective 4

▶ Additional language regarding community integration has been added to the strategy focused on expanding the supply of permanent supportive housing:
- *Permanent supportive housing should be integrated in and support full access to the greater community, ensure individual rights of privacy and freedom from coercion, and promote independence in making life choices.*

▶ The strategy formerly written:
- *Assess options for more coordinated, sustainable, dependable sources of supportive housing service funding. This should include consideration of incentives for local communities to develop supportive housing and how best to coordinate service funding with housing funding.*
    - *Agencies within HHS will collaborate to review whether and how Medicaid, Temporary Assistance for Needy Families (TANF), and Substance Abuse and Mental Health Services Administration (SAMHSA) programs can be coordinated with housing resources to help people who have experienced homelessness, and will offer guidance to States, tribes, and local government on evidence-based practices to prevent and end homelessness.*
    - *HHS will offer guidance to states on ways to offer supportive housing services as part of state Medicaid and TANF programs.*

Has been revised to:
- *Increase use of mainstream resources to cover and finance services in permanent supportive housing. As more individuals experiencing chronic homelessness are eligible for Medicaid through the Affordable Care Act, there are greater opportunities for Medicaid to finance services for people in supportive housing.*
    - *HHS will provide information, tools, and resources to describe how certain services provided through supportive housing can be considered Medicaid covered services.*
    - *HUD and HHS will increase the capacity of supportive housing providers to provide Medicaid services directly or to partner with Medicaid providers such as those participating in Health Care for the Homeless programs or other health centers.*

- HHS will provide updated information to States on how to use behavioral health resources to assist people exiting homelessness.

Objective 5

▶ The title of the objective has been changed per the 2012 Amendment to:
Improve access to education and increase meaningful and sustainable employment for people experiencing or most at risk of homelessness.

▶ The Logic section has been updated to reflect current economic and employment conditions and to include mention of the Workforce Investment and Opportunity Act of 2014.

▶ The changes to the strategies from the 2012 Amendment are now included:
- *Improve access to education and educational outcomes of children and young adults experiencing homelessness through the following:*
  - *Improve identification of children and support for them to enroll in school. Eliminate barriers to enrollment and provide seamless transitions from early childhood education through elementary, secondary, and post-secondary education.*
  - *Review existing Federal, state, and local program policies, procedures, and regulations to identify mechanisms that could increase both access to and retention in high-quality programs. These mechanisms should help remove barriers and ensure early childhood-to-adulthood educational access, quality child care, and early-childhood education through elementary, secondary, and post-secondary education.*
  - *Educate homeless assistance providers about the laws, and the programs and practices under those laws, designed to increase access to early care and education, such as those carried out under Head Start, the McKinney-Vento Act's education subtitle, and the independent student provisions of the Higher Education Act.*

▶ One strategy from the 2012 amendment has been carried forward, and moved from Objective 2 to Objective 5. It is now the second bullet under the above strategy:
- *Improve access to and retention in early childhood education programs, elementary and secondary education, and post-secondary education.*

Objective 6

▶ The language in the Logic section regarding the Affordable Care Act has been revised to reflect the Supreme Court ruling on Medicaid expansion.

▶ A new strategy has been added regarding enrollment :
- *Continue to support the enrollment of eligible individuals into Medicaid and ensure they are linked to appropriate health care providers. Through Medicaid expansion, single individuals have greater access to Medicaid in states that chose to expand their Medicaid programs, but continued outreach and enrollment efforts are necessary to make eligible but uninsured individuals aware of their coverage options.*
  - *Agencies will encourage states to provide Medicaid enrollment information to housing and homelessness providers to encourage Medicaid outreach best practices, as seen in California's document [Let's Get Everyone Covered](#).*
  - *HHS and other agencies will encourage states to consider using streamlined enrollment methods, such as the fast-tracked enrollment of individuals already enrolled in Supplemental Nutrition Assistance Program (SNAP) which has already been implemented in some states.*
  - *For individuals living in states that have not yet expanded their Medicaid programs, organizations that provide homeless services will be encouraged to continue efforts to enroll eligible individuals with disabilities through enrollment in SSI and disability benefits.*

Objective 7
- ▶ The language in the Logic section has been revised to reflect the Supreme Court ruling on Medicaid expansion; highlight opportunities through managed care and health homes to integrate health care, social services, and housing; and provide a definition of medical respite.
- ▶ Strategies have been revised to reflect current context as well as the greater clarity on the opportunities with health centers, home and community based services, and behavioral health parity.

- ▶ One strategy from the 2012 amendment has been carried forward, and moved from Objective 2 to Objective 7:
  - *Increase awareness of child and youth development and strategies to support healthy child and youth development within housing programs.*

- ▶ The strategy that previously read:
  - *Improve access to child and family services that improve early child development, educational stability, youth development, and quality of life for families—including expectant families, children, and youth experiencing or most at-risk of homelessness*

  Has been revised into three separate strategies:
  - *Promote the adoption and integration of evidence-based Medicaid behavioral health services for children and youth, including intensive care coordination, peer services, intensive in-home services, mobile crisis and stabilization services, and other home and community based services.*
  - *Expand access to evidence-based maternal, infant, and early childhood home visiting services for families and pregnant women, and promote integration of these services with housing.*
  - *Leverage opportunities in child welfare reform to expand evidence-based preventive services, and promote their coordination with homeless services and housing.*

Objective 8
- ▶ The title of the objective has been changed per the 2012 amendment to: *Advance health and housing stability for unaccompanied youth experiencing homelessness and youth aging out of systems such as foster care and juvenile justice*

- ▶ The Logic section of Objective 8 has been updated to include the changes from the 2012 amendment.

- ▶ Three strategies were added to reflect the 2012 amendment:
  - *Obtain more comprehensive information on the scope of youth homelessness by improving counting methods; better coordinating and disseminating the information collected by different programs and systems; and conducting new research to expand and improve our understanding of the problem.*
  - *Build an evidence base of and bring to scale the most effective interventions for the different subsets of youth experiencing homelessness. Refine the preliminary intervention model, conduct additional research on effective interventions, and strengthen the capacity of youth-serving organizations to implement the most effective interventions.*
  - *Improve access to emergency assistance, housing, and supports for historically underserved groups of youth. Such groups include youth who have been involved in the juvenile justice and/or child welfare systems; sexually exploited youth; LGBTQ and other gender-non-conforming youth; pregnant or parenting youth; and youth with mental health needs.*

Objective 9
- ▶ The Logic section has been revised to include mention of the overlap between people experiencing homelessness and high-need, high-cost Medicaid beneficiaries.

- ▶ A new strategy has been added:
  - *Encourage states to link housing assistance with care management approaches for people experiencing homelessness identified as Medicaid high utilizers. States pursuing initiatives focused on high need, high cost Medicaid beneficiaries can identify homeless sub-*

populations through data matching with HMIS, as well as link care management services with housing.

Objective 10

▶ The Logic section has been significantly rewritten to improve clarity on a vision for a retooled homeless crisis response system.

▶ The strategies have also been rewritten to reflect current areas of Federal action:

- *Assist communities to transform homeless services to crisis response systems through guidance and best practices, including adoption of community-wide Housing First approaches, homelessness prevention and diversion, collaborative approaches to outreach, McKinney-Vento Homeless Assistance Act performance measurements, and system-wide planning for programs and services.*

- *Encourage the coordination of homeless services funded by different Federal, state, and local sources and for different populations, including through the integration and sharing of HMIS and other data systems as well as through collaborative planning and services coordination.*

- *Provide guidance and tools regarding emergency shelter standards and operations, including the simplification and reduction of entry requirements, alignment with fair and equal access guidelines, assessing child development issues, avoiding the involuntary separation of families, and Housing First.*

- *Encourage communities to assess and retool transitional housing programs. Communities should reduce barriers to entry and also consider conversion or reallocation of resources to cost-effective alternatives like permanent supportive housing, rapid re-housing, crisis or interim housing, or transition-in-place models. They should reserve the use of long-term transitional housing for people with acute service needs that are likely to resolve within two years, or who face the most severe challenges to finding housing.*

- *Ensure that homeless services are coordinated with EHCY program and that collaboration with local educational agencies and schools occurs to identify and respond to the housing, developmental, educational, and service needs of children and youth experiencing homelessness, reducing their unnecessary school mobility whenever possible.*

- *Provide guidance and technical assistance on implementation of coordinated entry systems, including assessment, triage, centralized or coordinated housing referral systems, youth-specific assessments, and coordination with mainstream programs and services.*

- *Encourage connection to Federal mainstream resources that could support the crisis response system, such as TANF, Community Services Block Grants (CSBG), Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), Medicaid, and other programs.*

- *Provide guidance and technical assistance to assist communities to implement rapid re-housing, drawing upon knowledge gained from HPRP and SSVF implementation and studies of effectiveness.*

The Steps: Framework for Action

▶ This section has been revised to reflect the current approaches to implementation, performance management, and current key and cross-cutting initiatives.

For more information, read *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, by visiting www.usich.gov/opening-doors/.